

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023749

1. Entity Name
MILLENNIUM COMPUTERS OF VOLUSIA COUNTY, INC.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90003 047 ***150.00

Principal Place of Business
106 CAMINO CIR.
ORMOND BEACH FL 32174

Mailing Address
106 CAMINO CIR.
ORMOND BEACH FL 32174

2. Principal Place of Business
197 Wilmette Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2737
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ormond Beach FL
Zip
32174
Country
U.S.

City & State
Ormond Beach, FL
Zip
32175
Country
U.S.

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGINNIS, BRETT K
106 CAMINO CIR.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
Brett McGinnis
Street Address (P.O. Box Number is Not Acceptable)
197 Wilmette Ave
City
Ormond Beach FL Zip Code
32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Brett McGinnis* DATE 2-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNIS, BRETT K 106 CAMINO CIR. ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brett McGinnis* DATE 2-12-01 DAYTIME PHONE # 904-615-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000837

CR2E034 (10/00)